

PART B - FEE(S) TRANSMITTAL

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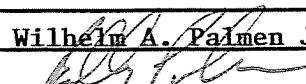
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24353 7590 09/12/2007
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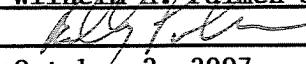
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Wilhelm A. Palmen Jr.

(Depositor's name)


(B) (Signature)

(Date)

Electronically Filed: October 2, 2007

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/629,321	07/28/2003	David Delaney	SKEL-007	6585

TITLE OF INVENTION: CALCIUM PHOSPHATE CEMENTS COMPRISING A WATER-SOLUBLE CONTRAST AGENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	\$700 \$1,400	\$300	\$0	\$1,000 \$1,700	12/12/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				

JONES, DAMERON LEVEST 1618 424-009410

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Bret E. Field 2 Bozicevic, Field & Francis LLP 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Skeletal Kinetics, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cupertino, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies **10**

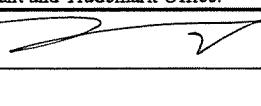
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **500815** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **October 2, 2007**

Typed or printed name **Bret E. Field**

Registration No. **37620**

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